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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/923,761	08/06/2001	Alex Chenchik	CLON018CIP

CONFIRMATION NO. 1720

FORMALITIES LETTER



OC00000006501383

Bret E. Field
Bozicevic, Field and Francis LLP
Suite 200
200 Middlefield Road
Menlo Park, CA 94025

Date Mailed: 08/31/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 710 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 840.**

*A copy of this notice **MUST** be returned with the reply.*

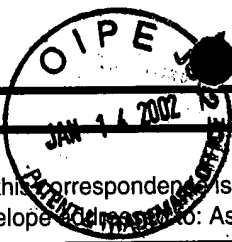
Customer Service Center
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

01/18/2002 NROCHA1 00000059 500815 09923761

01 FC:101 740.00 CH
02 FC:105 130.00 CH

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ORIGINAL FILED



CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type)	Donna Macedo	Signature	<i>D. Macedo</i>	Date	10-31-2001
TRANSMITTAL <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> Large Entity				Application Number	09/923,761
				Confirmation Number	1720
				Filing Date	August 6, 2001
				First Named Inventor	Chenckik et al.
				Examiner	Unassigned
				Group Art	1655
				Attorney Docket No.	CLON018CIP

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input type="checkbox"/> Amendment Under Rule	Total	15	20	0		\$ -
<input type="checkbox"/> 37 CFR §	Independent	2	3	0		\$ -
<input type="checkbox"/> Pages	Multiple					
	Total Extra Claim Fees					\$ -

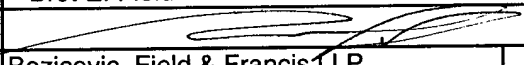
<input type="checkbox"/> Applicants Petition for an Extension of time from _____ to _____	Fee _____
A _____ month extension was previously filed and paid for thereby reducing the basic fee	

<input checked="" type="checkbox"/> Response to File Missing Parts (with copy of formalities letter)		
<input checked="" type="checkbox"/> Filing Fee		Fee \$740.00
<input checked="" type="checkbox"/> Executed Declaration	Pages 2	Surcharge Fee \$130.00
<input checked="" type="checkbox"/> Other	Copy of Specification as filed	Fee _____
		Fee _____
		Fee _____
		Fee _____
		Subtotal \$870.00

<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> PTO Form 1449	Pages _____	
<input type="checkbox"/> _____ Copies of Cited References		
<input type="checkbox"/> Other		Fee _____
		Subtotal \$ -

<input type="checkbox"/> Response to Notice to Comply (with copy of Notice to Comply)		
<input type="checkbox"/> Sequence Listing Certification		
<input type="checkbox"/> Paper Copy of Sequence Listing	Pages _____	
<input type="checkbox"/> Diskette in computer-readable format		
<input type="checkbox"/> Other		Fee _____

COPY OF PAPERS
ORIGINALLY FILED

<input type="checkbox"/> Terminal Disclaimer		Fee	
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages		Fee
<input type="checkbox"/> Appeal Brief in Triplicate	Pages		Fee
<input type="checkbox"/> Reply Brief	Pages		Fee \$ -
Subtotal			\$ -
<input type="checkbox"/> Other Enclosures and/or Fees		Fee	
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$870.00	
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Bret E. Field		Registration No. 37,620
Signature			Date 10-31-2001
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City	Menlo Park	State	California
		zip	94025
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Application No. 09/923,761 Attorney Docket No. CLON018CIP Page 2 of 2